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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/505,354
	Filing Date	August 19, 2004
	First Named Inventor	HUBERT OTT and THOMAS GRAU
	Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	

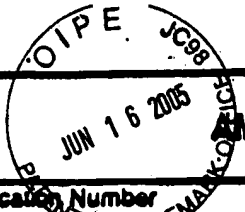
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Preliminary Amendment
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	and a check in the amount of \$500.00
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	William D. Breneman, Esq.; BRENEMAN & GEORGES		
Signature			
Printed name	William D. Breneman		
Date	June 16, 2005	Reg. No.	26,714

CERTIFICATE OF TRANSMISSION/MAILING			
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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 AMENDMENT TRANSMITTAL LETTER			Docket Number		
Application Number 10/505,354		Filing Date Aug. 19, 2004	Examiner		Group Art Unit
Invention Title ELECTROMAGNETIC VALVE					

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS

Transmitted herewith is an amendment in the above - identified application.

- ☐ Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.
- ☐ A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed.
- ☐ No additional fee is required.
- ☒ The fee has been calculated as shown below:

CLAIMS AS AMENDED

	(1)		(2)	(3)		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS	30	minus	10	10	x \$12	500.00
INDEPENDENT CLAIMS	3	minus	3	0	x \$36	0
MULTIPLE DEPENDENT CLAIM ADDED					\$120	
					TOTAL	\$ 500.00
If applicant is a small entity under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.					SMALL ENTITY TOTAL	\$

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

** If the highest number previously paid for IN THIS SPACE is less than 20, enter "20".

*** If the highest number previously paid for IN THIS SPACE is less than 3, enter "3".

The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.

- ☐ Please charge Deposit Account Number _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 500.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account Number 02-3702.
A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 CFR 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.

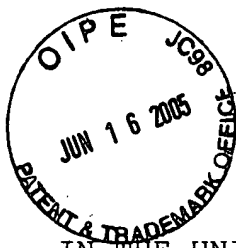
Respectfully submitted,

June 16, 2005

(Date)


 William D. Breneman
 Reg. No. 26,714

Patent and Trademark Office - U.S. DEPARTMENT OF COMMERCE



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

HUBERT OTT and
THOMAS GRAU

U.S. Serial No.: 10/505,354

Group Art Unit:

Filed: August 19, 2004

Examiner:

For: ELECTROMAGNETIC VALVE

June 16, 2005

* * * * *

PRELIMINARY AMENDMENT

Honorable Commissioner of
Patents and Trademarks
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants respectfully request preliminary amendment
of the above-identified application to conform to U.S.
requirements of 37 C.F.R. 1.77 (MPEP § 608.01(a)) and place the
Specification and claims in an acceptable U.S. format.